# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00810

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 -51

**1. PLACE OF DEATH:**
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED: (Type or Print)** (First) Benj (Middle) Kennedy (Last) Abell

**4. DATE OF DEATH:** (Month) Jan (Day) 4 (Year) 19-53

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** Aug 5-1886

**9. AGE last birthday:** 67 yrs. — IF UNDER 1 YEAR: Months 4 Days 30 — IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** Market Head

**10b. KIND OF BUSINESS OR INDUSTRY:** for self

**11. BIRTHPLACE (State or foreign country):** Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** E. B. Abell

**14. MOTHER'S MAIDEN NAME:** Catherine Camalier

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) — (If Yes, give war or dates of service) —

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:** E. B. Abell Leonardtown Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uraemia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic Nephritis & Bronchitis DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied Prostate

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 53, to Jan 4, 19 53, that I last saw the deceased alive on Jan 3, 19 53 and that death occurred at 9.45 a.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Paul A. Camalier M.D. ADDRESS Leonardtown, Md DATE SIGNED 1/5/53

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial — DATE THEREOF Jan 7-1953 — NAME OF CEMETERY OR CREMATORY St Aloysius — LOCATION (City, town, or county) (State) Leonardtown Maryland

DATE REC'D BY LOCAL REG. 1/5/53 — REGISTRAR'S SIGNATURE Camalier — **24. FUNERAL DIRECTOR** Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
JAN 7 1963
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

00811 4

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St.Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) ARISTIDES (Middle) (Last) AMANAT

4. DATE OF DEATH: (Month) 1 / (Day) 27 / (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3 / 21 / 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (State or foreign country): Ogdu, Turkey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Constantinos Amanat
14. MOTHER'S MAIDEN NAME: Berthana Stefanos

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Mrs. Elizabeth L. Amanat - Mechanicsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. Interval Between Onset And Death 10 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Jan. 7, 1952, to Jan. 27, 1953, that I last saw the deceased alive on Jan. 27, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert T. Fuchs, M.D. ADDRESS Leonardtown, Md. DATE SIGNED 1/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 30, 53 NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery LOCATION (City, town, or county) (State) Morganza, Md.

DATE REC'D BY LOCAL REGISTRAR 1-29-53 REGISTRAR'S SIGNATURE Camalin

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

RECEIVED
FEB 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00812

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Norsia (Middle) (Last) Bynum

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Feb. 10, 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie P Hasskit
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Wm Bynum

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset And Death |
|---|---|---|---|
| 447 Immediate cause | (a) | Heart failure | 4 years |
| DUE TO | | | |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) | Hypertension. | 10 years |
| DUE TO | | | |
| | (c) | Generalized Arteriosclerosis | 10 years |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to Jan 30, 1953, that I last saw the deceased alive on Jan 20 1953 and that death occurred at Great Mills Md from the causes and on the date stated above.

SIGNATURE Wm H Patrick M.D. (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 1-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 1, 1953
NAME OF CEMETERY OR CREMATORY New Hollywood Cemetery
LOCATION (City, town, or county) Elizabeth City (State) N.C.
DATE REC'D BY LOCAL REGISTRAR 1-30-53
REGISTRAR'S SIGNATURE P.J. Beaux, M.D. Local Registrar
24. FUNERAL DIRECTOR Joseph C. Mattingly ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

238W

RECEIVED
FEB 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 00813

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY St Marys MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown

LENGTH OF STAY (in this place) 14 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY St Marys

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Piney Point

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Clara (Middle) E. (Last) Clarke

**4. DATE OF DEATH:** (Month) Jan (Day) 31 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** Feb 20-1878

**9. AGE last birthday:** 74 yrs. IF UNDER 1 YEAR: Months 11 Days 11 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): House wife

**10b. KIND OF BUSINESS OR INDUSTRY:** —

**11. BIRTHPLACE** (State or foreign country): Maryland St Mary's

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Henry Adams

**14. MOTHER'S MAIDEN NAME:** Ann E. Redmond

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) — (If Yes, give war or dates of service) —

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:**

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

Interval Between Onset And Death

422.2

Immediate cause (a) Chronic Myocarditis Acute Dilatation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 1/31, 1953, that I last saw the deceased alive on 1/31, 1953, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Camalier MD ADDRESS Leonardtown DATE SIGNED 2/1/53

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial

DATE THEREOF Feb 3-1953

NAME OF CEMETERY OR CREMATORY Poplar Hill

LOCATION (City, town, or county) (State) Valley Lee Maryland

DATE REC'D BY LOCAL REGISTRAR 2/1/53

REGISTRAR'S SIGNATURE Camalier

**24. FUNERAL DIRECTOR** Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
FEB 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06814

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY St Marys — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Leonardtown

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY St Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown

STREET ADDRESS (If rural give location): Leonardtown

**3. NAME OF DECEASED:** (Type or Print) (First) Francis (Middle) Lloyd (Last) Connelly

**4. DATE OF DEATH:** (Month) Jan (Day) 6 (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Divorced

**8. DATE OF BIRTH:** Dec 17-1898

**9. AGE Last birthday:** 54 yrs. — IF UNDER 1 YEAR: Months —, Days 20 — IF UNDER 24 HRS.: Hours —, Min. —

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired: Auto Mechanic

**10b. KIND OF BUSINESS OR INDUSTRY:** 216-12-4558

**11. BIRTHPLACE** (State or foreign country): Maryland St Marys Co.

**12. CITIZEN OF WHAT COUNTRY?** U S A

**13. FATHER'S NAME:** James Connelly

**14. MOTHER'S MAIDEN NAME:** Sarah Bradman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** J. P. Connelly Leonardtown Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Alcoholism — 320.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) .....

DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Chronic Alcoholism

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ the deceased ~~from~~ 1/6, 1953, to ....., 19....., that I last saw the deceased ~~alive~~ dead on 1/6, 1953, and that death occurred at about 4 am from the causes and on the date stated above.

SIGNATURE Paul A. Camalier (Degree or title) M.D ADDRESS Leonardtown, Md DATE SIGNED 1/7/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: Jan 8 1953 — NAME OF CEMETERY OR CREMATORY: St Aloysius — LOCATION (City, town, or county) (State): Leonardtown Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/9/53 — REGISTRAR'S SIGNATURE: Camalier

**24. FUNERAL DIRECTOR** — ADDRESS: Jos C. Mattingley Leonardtown Md

RECEIVED
JAN 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 6054

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
MARYLAND
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wynn
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Smith (Last) Davis

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/5/1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-18-8223

17. INFORMANT & ADDRESS: Charles E. Davis Wynn, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric thrombosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Jan. 29, 1953, that I last saw the deceased alive on 1-29, 1953, and that death occurred at 11 P.M. from the causes and on the date stated above.

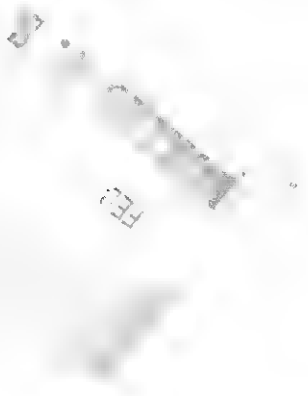
SIGNATURE (Degree or title) P.J. Beane, M.D. ADDRESS Great Mills, Md DATE SIGNED 1-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/2/53
NAME OF CEMETERY OR CREMATORY St. Michael Cemetery
LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-31-53
REGISTRAR'S SIGNATURE P.J. Beane M.D. Local Registrar

24. FUNERAL DIRECTOR P.B. Robinson
ADDRESS Leonardtown, Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg.- Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Harding

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 17 1872

9. AGE last birthday: yrs. 80 — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas G. Harding

14. MOTHER'S MAIDEN NAME: Susan C. Harding

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gladys McVey Leonardtown, Md

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 422.1 Cerebral Hemorrhage — 3 d.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic C.V. Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Jan 26, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 11:30, from the causes and on the date stated above.

SIGNATURE Roy Gaither (Degree or title) MD — ADDRESS Mechanicsville Md — DATE SIGNED 1/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 27 1953 — NAME OF CEMETERY OR CREMATORY Mt. Zion — LOCATION (City, town, or county) Laurel Grove (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/28/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Jos C. Mattingly Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 9½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) B (Last) Harris

4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 3, 1890 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Hildebrand | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: 579-28-3992 | 17. INFORMANT & ADDRESS: Jane B. Harris Hollywood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Coronary Occlusion — 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hiatal hernia

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 53, to Jan. 1, 19 53, that I last saw the deceased alive on Jan. 1, 19 53, and that death occurred at 4.23 m., from the causes and on the date stated above.

SIGNATURE Kenneth Tippett (DEGREE OR TITLE) MD ADDRESS Leonardtown DATE SIGNED 1/2/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF 1-5-53 | NAME OF CEMETERY OR CREMATORY Washington National | LOCATION (City, town, or county) Suitland, Prince Geo. Co. (State) Md

DATE REC'D BY LOCAL REG. 1-3-53 | REGISTRAR'S SIGNATURE F. G. Camalier M. D. | 24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown, Md

RECEIVED
JAN 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown LENGTH OF STAY (In this place) worked here
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home in which she worked

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Lexington Park COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) R (Last) Johnson
4. DATE OF DEATH (Month) Jan (Day) 5th (Year) 1953

5. SEX Fem
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1909
9. AGE last birthday 44 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook for private family
10b. KIND OF BUSINESS OR INDUSTRY Cooked by the week
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. 220-16-5249
17. INFORMANT Radell Johnson Lexington Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Indigestion & Heart Palpitation

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ saw the deceased from Jan 1-5, 1953, to Jan 5 1953, that I last saw the deceased alive ~~on~~ not before, 19....., and that death occurred at 8:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F F Greenwell M.D. ADDRESS Leonardtown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 8 1953
NAME OF CEMETERY OR CREMATORY Holy Face
LOCATION (City, town, or county) Great Mills Md (State)

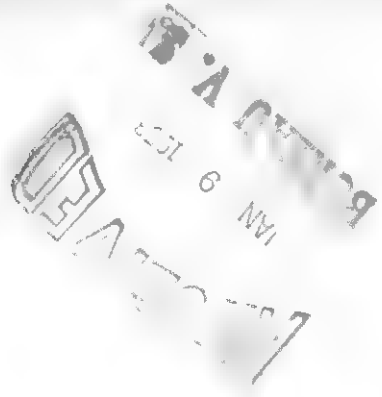
DATE REC'D BY LOCAL REG. 1/7/53
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural give location) R F D # 2

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Celeste (Last) Latham

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 21 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 7 Days 24 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. J. Mattingley

14. MOTHER'S MAIDEN NAME: Sophie Johnson

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs A. C. Latham Clements Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 45 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic c v disease — 4 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to Jan, 1953, that I last saw the deceased alive on Jan 14, 1953, and that death occurred at 4:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Smythe, MD — ADDRESS Mechanicsville, Md — DATE SIGNED 1/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 17 1953 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) Morganza (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1/14/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Jos A. Mattingley — ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

**1. PLACE OF DEATH:**
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) 1 month 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hills Trailor Park

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE N.J. COUNTY Gloucester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Iona
STREET ADDRESS (If rural, give location) Williamstown Road ✓

**3. NAME OF DECEASED:** (Type or Print) (First) Eileen (Middle) Patricia (Last) McElroy

**4. DATE OF DEATH:** (Month) (Day) (Year) January 3 1953

**5. SEX:** Female
**6. COLOR OR RACE:** Caucasian
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Single
**8. DATE OF BIRTH:** 11-10-52
**9. AGE last birthday:** - yrs. IF UNDER 1 YEAR: Months 1 Days 23 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant
**10b. KIND OF BUSINESS OR INDUSTRY:**
**11. BIRTHPLACE** (State or foreign country): Maryland
**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Howard Walter McElroy
**14. MOTHER'S MAIDEN NAME:** Barbara Ann Fithian

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT & ADDRESS:** Parents

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

E924.0

Immediate cause (a) asphyxia — INTERVAL BETWEEN ONSET AND DEATH: immediate
DUE TO
Antecedent cause(s) (b) suffocation — immediate
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

**19a. DATE OF OPERATION:** none
**19b. MAJOR FINDINGS OF OPERATION:** —
**20. AUTOPSY?** Yes [✓] No [✗]

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Great Mills, (COUNTY) St. Mary's, (STATE) Md
TIME OF INJURY (Month) 1 (Day) 3 (Year) 53 (Hour) 7:20 A.M.
INJURY OCCURRED While at work [ ] Not while at work [✓]
HOW DID INJURY OCCUR? accidental suffocation in bed clothes

22. I hereby certify that I attended the deceased from dead when first, 19 seen, that I last saw the deceased alive on ....., 19....., and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE John L. Dare (DEGREE OR TITLE) MD ADDRESS Lexington Park, Md DATE SIGNED 1/3/53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial
DATE THEREOF Jan 6/53
NAME OF CEMETERY OR CREMATORY Chestnut Grove Cemetery
LOCATION (City, town, or county) Elmer, Salem County, (State) N.J.
DATE REC'D BY LOCAL REG. Jan 5/53
REGISTRAR'S SIGNATURE P.J. Bean MD Local Registrar
**24. FUNERAL DIRECTOR** P.B. Robinson, Leonardtown ADDRESS Md.

20X2202434

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible]51

Autopsy at Naval Hospital, Bethesda Md, gives cause of death as Tracheo-laryngeal Bronchitis.

RECEIVED
JAN 7 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's, MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Scotland
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St.Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Eulalie (Last) RIDGELL

4. DATE OF DEATH: (Month) January (Day) 9th (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10 Nov., 1878

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Tennyson

14. MOTHER'S MAIDEN NAME: Olivia Shirkley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Austin Ridgell, Scotland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 48 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) General arteriosclerosis, hypertension — 6 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1948, to Jan 9, 1953, that I last saw the deceased alive on Jan 8, 1953, and that death occurred at 2:30 AM, from the causes and on the date stated above.

SIGNATURE O J Brown MD (Degree or title) ADDRESS Great Mills Md DATE SIGNED 1/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12 Jan.1953 — NAME OF CEMETERY OR CREMATORY St.Michael's Cemetery — LOCATION (City, town, or county) Ridge, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 10/53 — REGISTRAR'S SIGNATURE O J Brown MD

24. FUNERAL DIRECTOR P.B.Robinson — ADDRESS Leonardtown, Maryland

JAN 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 1 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY St Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY St Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown

STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Joseph | Bailey | Russell | Jan. | 11 | 1953 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | Married | July 14-1899 | 53 yrs. | | 29 | | |

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Russell

14. MOTHER'S MAIDEN NAME: Mary Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Navy

16. SOCIAL SECURITY No.: 218-16-2534

17. INFORMANT & ADDRESS: William B. Russell Valley Lee, Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Insufficiency, Liver

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cirrhosis, Liver Laenec's

DUE TO (c)

581.1

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11 ,19 52 to January 11, 19 53, that I last saw the deceased alive on Jan 11 , 19 53, and that death occurred at 5.20 P.M., from the causes and on the date stated above.

SIGNATURE O'Connell (Degree or title) M.D ADDRESS Leonardtown, Md DATE SIGNED Jan 11, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/15/53 — NAME OF CEMETERY OR CREMATORY St Georges — LOCATION (City, town, or county) Valley Lee (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1/14/53 — REGISTRAR'S SIGNATURE Carmalee

24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 1-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bronx
STREET ADDRESS (If rural, give location): 1761 Bathgate Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Connelius (Middle) (No.) H. (Last) Steakin

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1/7/31

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Steakin

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): USN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

†Immediate cause (a) Compound fracture of skull — Interval Between Onset and Death: died S.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway 5 (CITY OR TOWN): Mechanicsville (COUNTY): St. Mary's (STATE): Md
TIME OF INJURY (Month) 1 (Day) 21 (Year) '53 (Hour) 6:45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John L. Lane (Degree or title): M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 1/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 1/22/53 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Bronx, New York City, N.Y.

DATE REC'D BY LOCAL REG. 1/22/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0082

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ave
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Tippett

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 15-1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 8 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Olive Buckler
14. MOTHER'S MAIDEN NAME: Rebecca Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Bernadette Simpson Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death 2 hr

DUE TO

331X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1957, to Jan 30, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Guy Ober, M.D. ADDRESS Mechanicsville DATE SIGNED 2/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 2 1953
NAME OF CEMETERY OR CREMATORY Sacard Heart
LOCATION (City, town, or county) Bushwood St Mary's (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/1/53
REGISTRAR'S SIGNATURE Carrie Ellis
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
FEB 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

00825

Reg. Dist. No.....

M

I

VS. A 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonard town
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oraville
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Leonard (Last) Wood

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Dec 13 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months — Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Annacostia
12. CITIZEN OF WHAT COUNTRY? D.C.

13. FATHER'S NAME: Benjamin F. Wood
14. MOTHER'S MAIDEN NAME: Mary Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Leroy Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 1587 Immediate cause | (a) Retroperitoneal sarcoma | 6 mos |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 1/3, 1953, that I last saw the deceased alive on....., 19...., and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE J. Roy Guyther, M.D. (DEGREE OR TITLE) ADDRESS Mechanicsville, Md DATE SIGNED 1/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan 7, 1953
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 1/6/53
REGISTRAR'S SIGNATURE Carnahes
24. FUNERAL DIRECTOR Jos C. Matting Cey ADDRESS Leonard town Md

RECEIVED
JAN 9 1953
BUREAU V. A.